

the vicinity of Toulouse, and eight out of the twenty-five cases reported by Escaud came from the same locality.

Xanthoma Glycosuricum.—SCHWENTER-TRACHSLER (*Monatsh. für prak. Derm.*, September, 1898) discusses the subject at length, and concludes that this disease occurs chiefly in middle age, and generally in corpulent persons who are otherwise healthy. Sugar is always to be found in the urine. Men are most frequently affected. Icterus stands in no relation to this disease. The cutaneous lesions are thick, firm, pinhead and pea-sized papules, circumscribed, and embedded in the skin; are yellow on their summits, and have a red base; some of them may be merely red papules. They may remain months or years. The extremities are especially liable to invasion, and where the lesions are numerous they incline to coalesce and to form patches, especially about the elbows. The prognosis is in general favorable, although the lesions tend to recur, but this depends on the glycosuria.

OTOLOGY.

UNDER THE CHARGE OF

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Cylindroma of the Concha.—R. HAUG (*Archiv f. Ohrenh.*, September, 1897) reports the occurrence of cylindroma in the concha of a woman, aged sixty-five years. The tumor, in the course of twelve years, grew from the size of a cherry to that of a pigeon's-egg. Extirpation of the tumor was accomplished by means of scissors and knife. Entire recovery ensued in seventeen days. Haug claims that this is the first instance in which a cylindroma has been reported, with histological proof, as originating in the ear.

Foreign Bodies in the Ear.—R. HAUG (*Deutsche med. Wochenschrift*, February 3, 1898) reports another case illustrative of the evil results of trying to remove a foreign body from the ear by means of forceps and hooks, instead of by syringing. In this case, when the patient was sent to Haug, on the ninth day of the disease, the auditory canal was in a high state of phlegmonous inflammation, the auricle and surrounding region swollen, and the cutis of the osseous part of the auditory canal torn out by the manipulations of an unskillful surgeon, so that the periosteum was exposed. The foreign body, a bean, could by means of a probe be felt firmly embedded, but could not be seen through the swollen and closed canal. As pain in the ear and mastoid increased, and headache, vertigo, nausea, and fever set in, and as it was impossible now to remove the swollen bean through the inflamed and narrowed meatus, the auricle was detached behind and thrown forward, when it was found that the foreign body had been pushed through the mem-

brana tympani into the drum-cavity and rested upon the promontory, where, by reason of the swelling of the bean, from the constant bath of pus in which it lay, it was firmly wedged in the drum-cavity, and was removed only after chiselling off a portion of the osseous canal near the membrana, which liberated the foreign body. Entire recovery took place in about two months. (The first effort that any one should make to remove a foreign body from the ear should be by syringing warm water or oil into the external auditory canal, after the physician has assured himself by ocular inspection that a foreign substance is in the ear. If a physician cannot examine an ear with otoscope and speculum, and then syringe the ear, he should let the case alone. Usually syringing is sufficient to remove a foreign substance from an ear; if it is not, any other effort with any kind of instrument should be made only by an expert.) The importance of a cautious and gentle removal of foreign bodies from the ear is emphasized also by J. M. KENSHAW *Clinical Reporter*, St. Louis, Mo., August, 1897) and all others of experience. LIARAS (*Journ. de Méd. de Bordeaux*, April, 1897; *Archiv f. Ohrenh.*, December, 1897) found two fleas in the ear of a patient in Moure's clinic. He recommends killing the insects with a drop of ether or chloroform on cotton inserted into the ear, before finally syringing them out.

CARETTE (*Annales des Mal. de l'Oreille*, etc., February, 1898) records the case of a young man who, by the accidental discharge of a pistol in his own hands, received the bullet in his auditory meatus, where it moulded itself firmly to the walls of the canal near the junction of the cartilaginous with the osseous portion. The only symptom evoked was a mechanical deafness and a slight synovitis of the adjacent maxillary joint. Detachment of the auricle from the osseous canal, after an incision behind it, enabled the operator to remove the impacted bullet by means of gouges and drills. Entire recovery in all respects took place under antiseptic treatment in one month.

Furuncles.—JOUSET (*Nord. Med.*, 1897, No. 58; *Archiv f. Ohrenh.*, December 17, 1897) points out the important fact that in furunculosis of the external ear, careful differential diagnosis must often be made between it and diffuse otitis externa, abscess of the membrana tympani, and even mastoid empyema.

LEUTERT (*Archiv f. Ohrenh.*, November, 1897, No. 23) has described the symptomatology occurring in connection with a peri-auricular abscess ensuing upon the rupture of a furuncle through the cutaneous part of the auditory canal. Such symptoms are of interest because of the differential diagnosis they render necessary between a peri-auricular abscess and abscesses starting in the mastoid.

Hyperostosis of the Auditory Canal.—HARTMANN (*Zeitschr. f. Ohrenh.*, Band xxx.; *Archiv f. Ohrenh.*, December 17, 1897), following Virchow, draws attention to the great difference between diffuse hyperostoses and exostoses of the auditory canal. The former he regards as disturbances of development in the pars tympanica of the temporal bone, whereas exostoses are pathological products.

J. GRUBER (*Austrian Otol. Soc.*, April 27, 1897; *Wiener med. Woch.*, July 24, 1897) found hyperostosis of the auditory canal in connection with a piece

of straw firmly embedded in the membrana tympani. It seems to be a question whether the irritation of the straw produced the hyperostosis.

Two peculiarly-shaped exostoses of the auditory canal near the membrana have been observed by H. A. ALBERTON (*Annals of Otol., Rhin., and Laryng.*, February, 1898), one in a woman aged eighteen years, the other in a man aged forty years. (These were considered gouty products, but their proximity to the termini of the annulus tympanicus would suggest that they were connected with the spina tympanica anterior and the spina tympanica posterior, respectively.) Hyperostoses resembling these are described by POLITZER (*Austrian Otol. Soc.*, April 27, 1897; *Wien. med. Woch.*, July 2, 1897), who attributed them to anomalous development of the free ends of the annulus tympanicus at this point. It is a failure in union between these points and the outer surface of the tympanic process of the squama. G. P. FIELD (*Lancet*, July 3, 1897) believes, with many others, that hyperostosis of the auditory canal is caused by the entrance of cold water into the ear. The dental lathe is recommended by him as the best means for their removal. Prognosis is favorable if they are thus removed. H. KNAPP (*Ann. des Mal. de l'Oreille*, January, 1898) has successfully removed by enucleation an obstructive exostosis from the external auditory canal after detachment of the skin over the bony growth. Immediate relief to the pain in the head and ear from which the patient suffered followed the operation and the wound healed by first intention. There had been a chronic purulent discharge from the ear in this case for twelve years.

Fractures of the Auditory Canal.—V. GALETTI (*Ann. des Mal. de l'Oreille*, April, 1898) points out that the symptoms of an indirect fracture of the external auditory canal are pains in and about the ear, difficulty in chewing and swallowing, epistaxis, otorrhagia, paracousis, deafness, vertigo, loss of consciousness, mydriasis, delirium, and vomiting, thus making difficult the differential diagnosis between such a fracture and fracture of the base of the skull.

Primary Otitis Externa.—C. J. M. SCHMIDT (*Ann. des Mal. de l'Oreille*, January, 1898) describes three forms of primary otitis externa, viz.: 1. The form limited to the epidermis analogous to ichthyosis. 2. An affection of the corium resembling dermatitis when mild, eczema when more severe. 3. An affection of the epidermis only. Much depends upon the prophylaxis, and scratching the ear is sternly forbidden. The hemorrhagic form is nearly always traumatic. H. SCHMALTZ (*Archiv f. Ohrenh.*, November 23, 1897) has observed that otitis externa generally occurs in those whose scalp is affected with seborrhœa and also in those suffering from acne of the face. The ear disease yields when the disease of the scalp is controlled. Therefore, he has named this form of otitis externa, connected with the aforesaid disease of the skin, *seborrhœic otitis externa*.

Burns of the External Auditory Canal and Membrana Tympani.—O. SCHWINDT (*Archiv f. Ohrenh.*, December 17, 1897) points out the fact that the external auditory canal is often scalded by various domestic remedies,